

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

26922

1. PLACE OF DEATH

County Lewis  
Township La Belle  
City La Belle (No. 3)

Registration District No. 479  
Primary Registration District No. 4288

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard M. Wright  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1-1869  
7. AGE YEARS 64 MONTHS 4 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Mo.

13. NAME Hydrumius Rudd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Elizabeth C. Banks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

17. INFORMANT (ADDRESS) Richard Wright

18. BURIAL, CREMATION, OR REMOVAL PLACE La Belle Cemetery DATE 8-5-33

19. UNDERTAKER (ADDRESS) James T. Hardy & Sons

20. FILED 8/7 19 33 J. L. Bourn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9 19 33

22. I HEREBY CERTIFY, That I attended deceased from July 2nd 19 33, to Aug 3rd 19 33. I last saw him alive on Aug 3rd 19 33. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach Date of onset about 1930

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis Thyroid Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? X If so, specify \_\_\_\_\_

(Signed) A. H. Hillard M. D.

(Address) La Belle Mo

